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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 09 1997 8:00am  
Secretary of State

DOCUMENT # P96000010578 (8)

1. Corporation Name

FLORIDA ORGANIZATION OF INDEPENDENT GROUPS, INC.



Principal Place of Business

820 PRUDENTIAL DRIVE, SUITE 713  
JACKSONVILLE FL 32207

Mailing Address

820 PRUDENTIAL DRIVE, SUITE 713  
JACKSONVILLE FL 32207-8209

3. Date Incorporated or Qualified

01/30/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASBURY, LLOYD T  
214 N. CLAY ST.  
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Jay W. Edelberg, Inc.*  
Signature (Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME Jay W. Edelberg, Inc.  
STREET ADDRESS 820 Prudential Drive Suite 713  
CITY- ST- ZIP Jax, FL 32207

TITLE ☐ DELETE

NAME Vice-President  
Brent Gardner, Inc.  
STREET ADDRESS 801 Orienta Ave. Suite 2600  
CITY- ST- ZIP Altamont Springs, FL 32701

TITLE ☐ DELETE

NAME Secy-Treasurer  
Wellington Chen, Inc.  
STREET ADDRESS 4048 Las Palmas Way  
CITY- ST- ZIP Sarasota, FL 34238

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

*Jay W. Edelberg, Inc.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/30/97  
9042822078

CR2E034 (9/96)